HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION

4300 Cherry Creek Drive South - A2 Denver, CO 80246-1530

Voice: 303-692-2800 Fax: 303-753-6214

www.healthfacilities.info

LIFE SAFETY CODE



BUILDING DEPARTMENT

Sign off for Local Authorities

Written evidence of compliance with local building codes must be obtained prior to a final on-site Life Safety Code inspection. Contact the city or county department in your area and have the director or designee sign below. The original signed form must be returned to the attention of Life Safety Code Plan Review Intake at the address listed above.

Name of Facility:			
Facility Type: (Hospital, Lo	ong-Term Care, etc.)		
Address:			
Street	City		County
Name of Contact Person:		Phone: ()	Fax: ()
	ON: [] Initial Licensed Facility		
(Check <u>all</u> that apply)	[] Change in Secured Beds	From: To: (Only an option for ALR or LTC facilities)	
	[] Change of Ownership	(Only an option for ALK or LTC faculties)	
	[] Change in Licensed Beds	From:	_ To:
	[] Change of Facility Location	From:	
		To:	
	[] Addition/Renovation	Scope of Project:	
SECTION B: TO BE COM	PLETED BY THE CITY/COUNTY B	BUILDING DEPARTM	MENT
Building Department having	g Jurisdiction:		
	neets the requirements of the local A	uthority Having Juriso	diction for the occupancy based on work
indicated in Section A: (If "no" please explain on a	separate attachment.)	[] YES	[] NO
Signature:			Date:
Name of Person to Contact:	1	Phone: ()	Fax: ()
Address:			